

CMC/VA WEEKEND PROGRAM
INTAKE QUESTIONNAIRE

Date of call _____ **Weekend you wish to attend** _____

Name (exactly as it appears on drivers license) _____

Street Address _____ City _____

State _____ Zip _____ Phone # _____

Please circle one: Male or Female Date of birth _____ Height _____ Weight _____

Occupation _____ How long? _____

Present Marital Status: Single Married Separated Divorced Widowed (circle one)

Do you have children? _____ How many? _____ Do they live with you? _____

Emergency contact person _____ Phone # _____

NAME AND ADDRESS OF FAMILY PHYSICIAN: _____

Have you ever been hospitalized? _____ Have you ever had a serious injury? _____

If yes, please explain _____

Do you have any medical problems (heart, diabetes, seizures, etc)? _____

Please list any medications taken in the last year. _____

Please list medications you will be bringing to the CRASH program and the doctor who prescribed them. _____

Do you use alcohol now? _____ Have you ever attended AA and/or NA? _____

Do you currently attend AA and/or NA regularly? _____

Personal information (How many DUI's, reason for entering program, living situation, treatment programs, etc) Use back of form if needed.